



**CITY OF YORK**  
**UTILITIES DEPARTMENT**  
**PERMIT TO PROCURE HYDRANT**  
**WATER**

**NOTE: BEFORE WITHDRAWING ANY WATER  
FROM THE CITY'S SYSTEM PERMITTEE MUST:**

1. Pass a vehicle inspection
2. Place a deposit on hydrant meter
3. **METER DEPOSIT: \$ 264.00**
4. **DRAW ONLY** from assigned hydrant.
5. Keep cop of Permit on premises

The following customer is hereby permitted to obtain water from and operate a fire hydrant located on the City of York water distribution system for use. The customer on the provided log sheet shall record the amount of water used, in gallons. The log sheet(s) shall be returned to the utility department office at time of usage or can be emailed to AnneMarie Arcudi at [aaarcudi@yorksc.gov](mailto:aaarcudi@yorksc.gov) by the 25<sup>th</sup> of every month. The cost of water will be billed on a monthly basis at a rate of \$9.48 per 1000 gallons. *RATES ARE SUBJECT TO CHANGE. IF YOUR BUSINESS ADDRESS IS INSIDE THE CITY LIMITS YOU WILL BE CHARGED THE INSIDE CITY RATE OF \$ 4.74.*

**CITY OF YORK BUSINESS LICENSE #** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY / STATE / ZIP:** \_\_\_\_\_

**BILLING ADDRESS IF DIFFERENT FROM ABOVE:** \_\_\_\_\_

**CITY / STATE / ZIP:** \_\_\_\_\_

**SSN / EIN #:** \_\_\_\_\_

**IMMEDIATE CONTACT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

For new customers, please provide a current W-9, SS4 and COI within 24 hours of applying for this permit to AnneMarie Arcudi, [aaarcudi@yorksc.gov](mailto:aaarcudi@yorksc.gov) . If requested information is not received, your account will be flagged and unable to obtain any water.

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**FOR CITY USE**

Hydrant Location (nearest address): \_\_\_\_\_

Meter Number \*\*: \_\_\_\_\_ Date & Time of Issue: \_\_\_\_\_

Meter Deposit \*\*: **YES / NO** Truck Inspection Date: \_\_\_\_\_

CK#: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_

*\*\*The applicant is to report any damages or loss of the issued meter to the provider and will be fiscally responsible for repairs or replacement. Report any loss/damage to Ben Wright [bwright@yorksc.gov](mailto:bwright@yorksc.gov) / (803) 818-1867*